## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10-648-993

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			33				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			33 minus 20=		* 13			X\$ 9=	117	OR	X\$18=	
INDEPENDENT CLAIMS			2 min	nus 3 =	* 0		Ī	X42=	<u> </u>	OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				Ī	+140=		OR	+280=	
* If the difference in column 1 is less than zero					"0" in c	olumn 2	L	TOTAL	492	OR	TOTAL	
CLAIMS AS AMENDED - PAR (Column 1) (Colu						(Column 3)		SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM			+140=		OR	+280=	
								TOTAL DDIT. FEE		ΩD	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	F (C) A 18 4	=		X42=		OR	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		2		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDEN				T CLAIM		<b>!</b>					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR  ADDIT. FEE												
		nber Previously Pa					er fou	nd in the ap	propriate box	x in co	olumn 1.	